Registration Form (Must register at least 5 days prior to workshop)

Please complete this registration form and return it to our office via one of the methods below.

Mail/ Walk-in: Fax (Credit C		rd Only): Scan/ Ema		ail: (Credit Card Only):	
Regional Parks Admin.	909-387-2052)52 kstevens@		parks.sbcounty.gov	
777 East Rialto Avenue					
San Bernardino, CA 92415-0763					
		:	*We do not recomm	end sending cash in the mail	
Participant's Name:				· · · · · · · · · · · · · · · · · · ·	
Mailing Address:					
City:	Zip:				
Contact Email Address:					
Yucaipa Regional Pa Cucamonga-Guasti I		Yucaipa Ontario		November 23, 2013 April 5, 2014	
Method of Payment: Cash*	Check # _		Money Order	Credit Card	
Credit Card information, we accep	t: VISA Master	Card.			
ame on Card:			Billing Zip Code:		
Card Number:			Exp. date: _		
Card Holder's Signature:			Date:		